



Arizona Department of Revenue • Bingo Section

Phoenix: (602) 716-7801

APPLICATION FOR SPECIAL BONUS GAME

Complete all information requested on this form. If you do not, your application will be returned. All information is subject to verification.

All approvals to conduct Special Bonus Games expire at the end of each licensing period and must be renewed prior to that time to allow the continuance of Special Bonus Games.

For Department of Revenue Use Only	
<input type="checkbox"/> Approved	<input type="checkbox"/> Disapproved
REVIEWER'S NAME <i>(please print)</i>	DATE
License Classification: <input type="checkbox"/> Class B <input type="checkbox"/> Class C	
DATE EFFECTIVE:	DATE EXPIRES:

Type or Print in Black Ink

1. Applicant Name: _____ License No. if known: _____
2. Applicant Address: _____
3. Day(s) and time(s) of the week Special Bonus Game(s) will be played: _____ ; _____ ; _____
_____ ; _____ .
4. Pattern required to accomplish bingo: _____
5. Number of calls within which a bingo must be accomplished: _____
6. Amount of designated prize: \$ _____
7. Type of card to be used: _____
8. Cost of card to player: \$ _____
9. Game number: _____
10. How much of the \$12,000 prize amount available in the quarter will be guaranteed (if any): _____

11. Describe how the Special Bonus Game program will be conducted and the total prize amount offered per quarter:

I, _____, under penalty of perjury, upon oath, depose and say that I am duly authorized to sign and file this application. I hereby swear or confirm that I have read the foregoing application and verify that all information provided is true and complete to the best of my knowledge.

Signature of Affiant